City of Springfield Development Services Department 225 Fifth Street Springfield, OR 97477



## **Time Extension Request Certain Improvements & Final Submittals**

Required Project Information			(Applica	nt: coi	nplete this section)	
Applicant Name:				Pho	ne:	
Company:				Fax	<u> </u>	
Address:						
Applicant's Rep.:				Pho	ne:	
Company:				Fax	:	
Address:				·		
Property Owner:				Pho	ne:	
Company:				Fax		
Address:						
ASSESSOR'S MAP NO:			TAX LOT NO(S):			
Property Address:						
Tentative Case #:						
Reason for If you are filling in this form Time Extension:	n by hand, p	olease att	ach your proposa	al descripti	on to this application.	
Signatures: Please sign and print your	name ar	nd date	in the appr	opriate	box on the next page.	
Required Project Information	(0	City I	ntake Staf	f: com	plete this section)	
Date:				Revie	wed by:	
Application Fee: \$	Technic	ral Fe	·: \$0		Postage Fee: \$0	
TOTAL FEES: \$			ROJECT NU	MBER:		
T						

## **Signatures**

	The undersigned acknowledges that the information in this application is correct and accurate.				
Applicant:					
	Date:				
	Signature				
	Print				
	If the applicant is not the owner, the owner hereby grants permission for the applicant to act in his/her behalf.				
Owner:					
	Date:				
	Signature				
	Print				